



Coordinator's Corner

It's good to be back! As one of the PEPFAR expatriate team members who returned to Abidjan after the six-month ordered departure ended June 14, I'm excited and relieved to be able to see my colleagues and friends. Working from afar was challenging, as we watched events unfold that put so many of you at risk. There was no roadmap for how to prepare for violence and disruption. With headquarters support, PEPFAR and partners drew on experiences from 2002 and other countries to develop contingency plans and work with national technical leaders to ensure that essential activities would continue.



Ultimately, our success was due to our in-country team members and implementing partners, whose heroic efforts continued PEPFAR's support to people living with HIV/AIDS, vulnerable children, the national blood safety program, the national pharmacy, and others. This period was testimony to the capacities and leadership of the Côte d'Ivoire local staff, as well as the commitment of senior leaders from the U.S. Embassy, the Office of the Global AIDS Coordinator, and USAID and CDC, who remained engaged and focused while working from Washington, Accra, and Atlanta. In May, the Global AIDS Coordinator honored this joint effort with a Special Recognition Award citing the team's "tenacity and humanity."

Albert Einstein said, "In the middle of a difficulty lies opportunity." Côte d'Ivoire has undergone great hardship. In the process, we've also gained a wealth of knowledge about how to prepare for, function in, and recover from a period of disruption. Let's not forget to share these lessons learned.

Jennifer Walsh
PEPFAR Country Coordinator

PEPFAR CI takes stock, moves ahead

After a grueling six-month balancing act that succeeded in keeping most HIV/AIDS services going even under civil-war conditions, the PEPFAR Côte d'Ivoire program is moving full steam ahead.

With the security situation stabilizing, banks functioning, evacuated staff back in country, and implementing partners certified as ready to resume full-scale activities, the PEPFAR CI program has the green light to continue doing what it does best – save and improve lives in partnership with the Ivorian government and people.

Next steps – including engagement with new Ivorian political and technical leadership and a strategic review of PEPFAR priorities for the coming years – signal an end to six months of post-electoral crisis that devastated the country.

The toll on the PEPFAR program was significant: In addition to looting and theft suffered by 11 prime partners and numerous sub-partners, it includes delays in planned activities and, perhaps most significantly, the trauma, stress, and personal losses suffered by PEPFAR and partner staff and HIV-affected families.

Despite conditions that ranged from tense uncertainty to intense combat, determined and resourceful PEPFAR CI implementing partners were able to achieve remarkable results during the six-month period, only slightly below the comparable period a year ago and within reach of achieving 12-month targets (see box).

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"We're very proud of what PEPFAR was able to accomplish during this very challenging time," said PEPFAR CI Coordinator Jennifer Walsh.

"Our Ivorian staff and our partners demonstrated great courage and perseverance under

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Remarkable results despite crisis

Government of Côte d'Ivoire

- ✓ Completed a new HIV/AIDS National Strategic Plan 2011-2015 and submitted it as a Global Fund National Strategy Application
- ✓ Worked to sustain HIV/AIDS services and prevent ARV stockouts
- ✓ Reduced ART regimens from 40+ to 13 (to be validated by MOH)

PEPFAR in Côte d'Ivoire, October 2010-March 2011	Results	% of FY 2011 target
Pregnant women with known HIV status (i.e. either tested or, if known to be HIV-positive, provided services during the period)	174,751	63%
HIV-positive pregnant women receiving ARV prophylaxis	4,696	47%
People tested, given results	359,771	47%
People with HIV receiving care	93,656	70%
People newly enrolled on ART	10,058	42%
People currently receiving ART	66,376	98%
Orphans and vulnerable children receiving care and support	79,630	84%



Bed nets for pregnant women and children was one of the many life-saving services that local NGO APROSAM was able to provide during the chaos of the crisis.

Local experience, courage lead the way during crisis

When politics exploded in Côte d'Ivoire, an experienced and enterprising community-based organization demonstrated what local expertise, initiative, and courage can do to help those in greatest need.

APROSAM (Association pour la Promotion de la Santé de la Femme, de la Mère, de l'Enfant et de la Famille), which provides maternal and child health, HIV/AIDS, and other services in San Pedro and western Côte d'Ivoire with support from PEPFAR/CDC and UNFPA,

was not spared the ravages and stresses of the country's crisis, which included the looting of its satellite offices in Duékoué, Guiglo, Bloléquin, Toulepleu, Divo, and Daloa.

But faced with a civil war and a frightened populace fleeing by the thousands, APROSAM staff drew on their courage and experience to put an effective emergency plan into action.

As soon as Republican Forces (sweeping south in support of Alas-

sane Ouattara) took San Pedro, APROSAM met with military commanders and persuaded them to protect its health center. Accompanied by soldiers, APROSAM went to local churches, where displaced thousands had taken refuge, to inform, counsel, and provide medications and care, limited only by scarce funds. They prevailed upon the director of the local radio station to return home and broadcast information to help reassure the

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Building capacity, honoring performance: Geneva Global's 'capable partners'

Amid the smoke and fog of Côte d'Ivoire's crisis, USAID/PEPFAR partner Geneva Global gathered its local subpartners to shine the spotlight on what matters – building local capacity, recognizing strong performance, and serving those in need.

With turmoil building toward decisive military strikes in Abidjan, Geneva Global marked the final phase of its successful New Partners Initiative (NPI) project with a joyous ceremony – complete with diplomas and a cake – to thank its subpartners and present the strongest four as “capable partners.”

Geneva Global, a U.S.-based organization that advises private donors on investing for development, is wrapping up a four-year project that invested \$4 million (including \$1 million in cost-share funds) in fighting HIV/AIDS in Côte d'Ivoire. Geneva Global provided organizational and technical capacity building and subgrants to 15 community- and faith-based organizations that implement HIV/AIDS prevention, testing and counseling, and care and support interventions in seven regions. Overall, the project has supported HIV prevention outreach to 246,528 people by 3,674 community counselors, testing and counseling for 57,412, and care and support for 3,550



Geneva Global gathered its family of local subpartners to thank them and to recognize the four strongest performers as “capable partners.”

people living with HIV/AIDS and 2,027 orphans and vulnerable children.

To identify its highest-performing subpartners, Geneva Global used a tool developed by technical-assistance provider Academy for Educational Development to conduct periodic assessments of partners' strengths and weaknesses in monitoring and evaluation, finance, governance, human resources, program, and organizational development. The four graduated to “capable partner” status are ACT (African Christian Television), FEMAD (Femme Action Développement), ADIAS (Alliance pour le Développement Integral et l'Action Sociale), and GBH (Groupe Biblique des Hôpitaux).

All subpartners received certificates and recognition for their contributions to project results, in-

cluding New Life Project, CIP, AMEPOUH, Ruban Rouge, GBUAF, Lumière Action, ABCI, SAREPTA, RSB, MUDESSA, and ESPOIR CI.

“We've learned a lot together and achieved a lot together thanks to NPI,” said Geneva Global Country Director Stella Okoronkwo. “I think we've demonstrated that support for local capacity building can really produce durable results.”

News in Brief

World leaders marking 30 years of the HIV epidemic in June agreed to double the number of people receiving lifesaving drug therapy, to spend \$6 billion more per year to fight the disease, and to work to end pediatric AIDS.

Commitments announced by PEPFAR, UNAIDS, UNICEF, and other leaders at the UN High-Level Meeting on AIDS include doubling the number of ART recipients to 15 million by 2015 and launching a global “Countdown to Zero” plan to eliminate HIV infections among children and keep their mothers alive. Calling the plan “ambitious yet achievable,” U.S. Global AIDS Coordinator Eric Goosby pledged \$75 million, on top of the \$300 million a year that PEPFAR invests in preventing mother-to-child transmission (PMTCT). In 2010, PEPFAR PMTCT programs prevented HIV transmission to more than 114,000 children.

Officials also announced a bilateral partnership to support the development of tenofovir gel to prevent HIV transmission in women. With USAID funding, South Africa is leading the

charge to provide the world with the first safe and effective microbicide to protect women against HIV.

The past decade has seen a nearly 25% decline in new HIV infections, a reduction in AIDS-related deaths, and “unprecedented advances” in access to HIV treatment, care, and prevention services, the United Nations AIDS agency said in a report released on the eve of the 30th anniversary of the first official report of HIV (by the U.S. Centers for Disease Control and Prevention on June 5, 1981).

The United States has pledged \$7.5 million more in humanitarian assistance for refugees and internally displaced persons in Côte d'Ivoire and Liberia, bringing its assistance to conflict-affected populations in the region to more than \$51 million. The new funding, already allocated to implementers via www.grants.gov, will support food and access to water, health care, essential household items, construction and maintenance of camps, and efforts to restore family links severed during the crisis.

APROSAM

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population.

At their health center and maternity, they continued to care for clients around the clock, including refilling ARV prescriptions and putting 92 new HIV patients on ART.

“We couldn't remain indifferent to the need for services engendered by this crisis,” said Dessi Brou Koffi, APROSAM's executive director. “We had to dare to implement a strategy that didn't put our staff's lives at risk but that continued to save lives the way we do in times of peace. The motivation of being useful at the right time led us to brave the risks that existed.”

Throughout the San Pedro area as in Duékoué, scene of some of the most gruesome violence and largest population movements of the crisis, APROSAM physicians, nurses, nurse's aides, community counselors, and drivers worked at churches and other refuge sites to provide water, food, prevention and care services for HIV and sexually transmitted infections, male and female condoms, bed nets for pregnant women and children, counseling on hygiene and gender-based violence (GBV), and general health care for complaints ranging from malaria and diarrhea to malnutrition and respiratory infections. Among their clients they counted 765 sex workers and 52 men who have sex with men. At least 92 people with HIV received home visits, as did uncounted orphans and vulnerable children.

They educated 60 Republican Forces members about HIV, STIs, and GBV, and provided thousands of condoms to soldiers.

For the APROSAM staff, the experience brought home the importance of ensuring uninterrupted health services during crises and of strengthening the capacities, including the funding base and emergency preparedness, of capable local organizations.

Contribute to PEPtalk!

Do you have a news item, a story idea, a good photo? An insightful commentary? Share it. Send it to us at peptalk@ci.cdc.gov. Please include your contact information.

Contributors to PEPtalk No. 15: PEPFAR implementing partners, Ernest Koffi, Joan-Luis Njampo, Paul Zadi Kikie, Dr. Ivonne Amon-Ettien, Brian Howard

A pioneer for palliative care, a quiet force

Clement Ziaoch N'Guessan, a leader in the development of palliative care policy and practice in Côte d'Ivoire, died May 13 at age 45. Survivors include his wife and four daughters.

A man of quiet determination, Clem'so was trained as a psychiatric nurse and worked at the CHU Bouaké, USAC, PMI Yopougon Attié, and Bingerville Psychiatric Hospital before putting a diploma in palliative care to use as technical adviser at FHI starting in 2003.

He helped develop a national palliative care policy and promoted good practices in the field. Hard-



working, discreet, and courageous, he applied the same palliative care principles to himself during his long illness.

In March, though ill, he attended an important meeting on care and support – perhaps his way of saying goodbye and exhorting others to keep working

to their last breath.

The PEPFAR family and technical ministries that benefitted from his support join in rendering well-deserved homage to the quiet force that was Clem'so.

Children in crisis: Being there to make a difference

For children, crisis doesn't end when guns stop firing. Displacement, disruption, and stress heighten vulnerabilities that can have lasting effects on a child's health, nutrition, education, and psychosocial development.

USAID/PEPFAR partners **Save the Children** and **AVSI** provide care and support for orphans and vulnerable children (OVC) and their families in some of the zones hit hardest by Côte d'Ivoire's recent crisis. Here are a few more of their stories.

At their side

Since April 2008, Dacha Bah has been a community caregiver (CC) with **IdeAfrique**, local partner of Save the Children's program supporting OVC in Duékoué in western Côte d'Ivoire, where hundreds died and tens of thousands fled during ethnic and political clashes.

On March 28, armed men attacked her suburb of Niambly, where she supports 45 children affected by HIV.

"We all fled into the bush. We had to spend a couple of weeks living in the forest," Dacha says. "We slept on the ground; we had nothing to eat except cassava roots and papaya – things we could find in the forest. I was with my family, another community caregiver, and several of the children we look after. The children were distressed; we tried to raise their morale, to help them understand that the war would end and that it is possible to survive a war."

Since mid-April, Dacha has been living, along with more than 100 OVC from Niambly, under plastic sheeting in the crowded camp for displaced people at the Duékoué Catholic Mission.

"I try to continue the home visits to the OVC here on the site," she says. "I listen to their problems and report them to my seniors for help, and I refer medical cases to MSF (Médecins Sans Frontières)."

Save subpartners and CC's are working in camps as well as their regular sites to provide a wide range of health, nutrition, child-protection, and psychosocial care services for HIV-affected children and families. Dacha says the project is keeping her busy.

"Recently Save the Children has trained us to recognize malnutrition

and to carry out HIV awareness-raising sessions. I've also started running life skills sessions with girls in the camp. Some girls are having to prostitute themselves to eat – I'm thankful that these sessions are going to begin for the girls."

Horticulture a lifesaver

AVSI works in high-density parts of Abidjan (Abobo, Yopougon, Koumassi, Treichville) where fighting was hot and food was scarce. AVSI's promotion of urban horticulture with more than 50 OVC families helped some of them avoid hunger during the crisis. In heavily embattled Abobo, with no access to money or other food sources for 10 days, families supported by subpartner **OGRADIE** enjoyed nearly daily harvests of tomatoes, eggplants, and cabbages to keep themselves fed.

Know (and help) thy neighbors

If there's a silver lining to a horrific crisis, it may be that, forced to stay home and to deal with shortages, families who barely knew one another developed remarkable mutual support systems. Families supported by AVSI subpartner **AJECI**, and even AVSI staff families, assisted those who needed food, medications, or a helping hand. Since the crisis, these families have maintained their neighborly connections and continue to support one another by sharing experiences and organizing communal meals.

When tragedy strikes

Ten-year-old Oulayi in Koumassi suffered a disastrous loss when her father was burned alive in front of her mother and brothers. AVSI's social workers stayed at the family's side with nearly daily visits and other support, helping them survive this terrible time.

Tons of food

At the height of the fighting, about 2.6 tons of fortified corn-soy blend (CSB) purchased for a Food by Prescription pilot could not be delivered to planned sites. AVSI, whose OVC families were struggling to feed themselves, jumped at the opportunity: Within three days, 655 bags of CSB (4 kgs each) had been delivered and consumed by more than 3,260 grateful project beneficiaries.



Community caregiver Dacha Bah, left, sits next to a 13-year-old whose foot was amputated after she was shot during fighting. Dacha regularly visits the family at the Catholic Mission in Duékoué.

PEPFAR CI takes stock, moves ahead



The PEPFAR global community honored PEPFAR Côte d'Ivoire with the Ambassador's Special Recognition Award, stating: "As a symbol of our deep gratitude for the spirit of tenacity and humanity demonstrated by the team during a tough political and humanitarian crisis, this award is presented to acknowledge the country team for their brave efforts to keep PEPFAR's lifesaving programs operating under difficult circumstances." The award, given during the PEPFAR annual meeting in May in Johannesburg, was later presented to Ivorian staff leaders unable to be in Johannesburg due to the crisis, from left, Dr. Doroux Billy, Aïme Nicoué, Dr. Christiane Adje-Toure, Dr. Alexandre Ekra, Dr. Andre Tehe, and Dr. Konan Ehoussou.

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incredibly difficult and stressful circumstances.

"Support from our non-Ivoirian staff in Atlanta, and Lomé was critical, as was the great support we received from Ambassador Carter and the Embassy in Abidjan and Ambassador Goosby and team members in Washington. In the end, though, it's the people on the ground who got things done."

Faced with increasing instability in early 2011, PEPFAR CI developed contingency plans in consultation with the Ivorian government and other stakeholders. As insecurity grew, PEPFAR decided to prioritize lifesaving HIV/AIDS services (the supply chain for medications, care and treatment for people with HIV, PMTCT, blood safety, care for orphans and vulnerable children, prevention and mitigation of gender-based violence) and temporarily



Implementing partners whose offices were looted, and in some cases destroyed, found temporary workspace at PEPFAR/CDC's Project Retro-CI.

suspend other activities.

As soon as the security situation stabilized, PEPFAR CI went through a process of taking stock, assessing losses and risks, and asking implementing partners to verify that they and their subpartners were ready to resume full implementation. At the same time, PEPFAR CI completed a 12.5% budget reduction for FY 2011 with minimal impact on planned HIV/AIDS services.

In July and August, PEPFAR will participate in a joint review of the HIV/AIDS National Strategic Plan with the Global Fund and conduct a strategic review of its own program and priorities, in preparation for COP 2012 planning and the hoped-for completion of a Partnership Framework with the government of Côte d'Ivoire.

Timely gift of fuel helps kick-start drug deliveries



Acting Health Minister Dr. Allah Kouadio Rémy and National Public Health Pharmacy Director Dr. Rachel Duncan, left, accept a fuel coupon worth \$17,000 from U.S. Deputy Chief of Mission Julia R. Stanley, right. The USAID/PEPFAR donation in May helped relaunch nationwide deliveries of ARVs and other medications interrupted for 10 weeks at the height of the crisis.